

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|--|---|---|---------------------------------|--|----------------------------------|--|---|--|--|---------|--|---|-----------|-----------|----------------|--|-------------|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) | 2 Total pages filed: <div style="font-size: 2em; text-align: center;">8</div> | | | | | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">MS / MRS / MR</td> <td style="width:40%; border: none;">FIRST</td> <td style="width:30%; border: none;">MI</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Diana</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none; text-align: center;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Leggett</td> <td style="border: none;"></td> </tr> </table> | | MS / MRS / MR | FIRST | MI | | Diana | | NICKNAME | LAST | SUFFIX | | Leggett | | OFFICE USE ONLY Date Received <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> RECEIVED APR - 4 2019 BY: <i>[Signature]</i> </div> Date Hand-delivered or Date Postmarked <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">Date Imaged</td> <td style="border: none;"></td> </tr> </table> | Receipt # | Amount \$ | Date Processed | | Date Imaged | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| | Diana | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| | Leggett | | | | | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">ADDRESS / PO BOX;</td> <td style="width:20%; border: none;">APT / SUITE #;</td> <td style="width:20%; border: none;">CITY;</td> <td style="width:20%; border: none;">STATE;</td> <td style="width:10%; border: none;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">1019 Aileen St. Denton TX 76201</td> </tr> </table> | | ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 1019 Aileen St. Denton TX 76201 | | | | | | | | | | | | | |
| ADDRESS / PO BOX; | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | |
| 1019 Aileen St. Denton TX 76201 | | | | | | | | | | | | | | | | | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">AREA CODE</td> <td style="width:40%; border: none;">PHONE NUMBER</td> <td style="width:30%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;">(940)</td> <td style="border: none;">453-4936</td> <td style="border: none;"></td> </tr> </table> | | AREA CODE | PHONE NUMBER | EXTENSION | (940) | 453-4936 | | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | |
| (940) | 453-4936 | | | | | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">MS / MRS / MR</td> <td style="width:40%; border: none;">FIRST</td> <td style="width:30%; border: none;">MI</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Lisa</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;">NICKNAME</td> <td style="border: none; text-align: center;">LAST</td> <td style="border: none;">SUFFIX</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">Hafer</td> <td style="border: none;"></td> </tr> </table> | | MS / MRS / MR | FIRST | MI | | Lisa | | NICKNAME | LAST | SUFFIX | | Hafer | | | | | | | | |
| MS / MRS / MR | FIRST | MI | | | | | | | | | | | | | | | | | | | |
| | Lisa | | | | | | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | | | | |
| | Hafer | | | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:20%; border: none;">APT / SUITE #;</td> <td style="width:20%; border: none;">CITY;</td> <td style="width:20%; border: none;">STATE;</td> <td style="width:10%; border: none;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="border: none; text-align: center;">2612 Stillwater Ct Flower Mound TX 75022</td> </tr> </table> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | 2612 Stillwater Ct Flower Mound TX 75022 | | | | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | | | | |
| 2612 Stillwater Ct Flower Mound TX 75022 | | | | | | | | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">AREA CODE</td> <td style="width:40%; border: none;">PHONE NUMBER</td> <td style="width:30%; border: none;">EXTENSION</td> </tr> <tr> <td style="border: none;">(912)</td> <td style="border: none;">393-6923</td> <td style="border: none;"></td> </tr> </table> | | | AREA CODE | PHONE NUMBER | EXTENSION | (912) | 393-6923 | | | | | | | | | | | | | |
| AREA CODE | PHONE NUMBER | EXTENSION | | | | | | | | | | | | | | | | | | | |
| (912) | 393-6923 | | | | | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | <table style="width:100%; border: none;"> <tr> <td style="width:25%;"><input type="checkbox"/> January 15</td> <td style="width:25%;"><input checked="" type="checkbox"/> 30th day before election</td> <td style="width:25%;"><input type="checkbox"/> Runoff</td> <td style="width:25%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | |
| <input type="checkbox"/> January 15 | <input checked="" type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff | <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> July 15 | <input type="checkbox"/> 8th day before election | <input type="checkbox"/> Exceeded \$500 limit | <input type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | <table style="width:100%; border: none;"> <tr> <td style="width:30%; text-align: center;">Month Day Year</td> <td style="width:40%;"></td> <td style="width:30%; text-align: center;">Month Day Year</td> </tr> <tr> <td style="text-align: center;">01 / 25 / 2019</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">03 / 25 / 2019</td> </tr> </table> | | | Month Day Year | | Month Day Year | 01 / 25 / 2019 | THROUGH | 03 / 25 / 2019 | | | | | | | | | | | | |
| Month Day Year | | Month Day Year | | | | | | | | | | | | | | | | | | | |
| 01 / 25 / 2019 | THROUGH | 03 / 25 / 2019 | | | | | | | | | | | | | | | | | | | |
| 11 ELECTION | <table style="width:100%; border: none;"> <tr> <td style="width:40%; border: none;"> ELECTION DATE Month Day Year 5 / 4 / 2019 </td> <td style="width:60%; border: none;"> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> </table> | | | ELECTION DATE Month Day Year 5 / 4 / 2019 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | |
| ELECTION DATE Month Day Year 5 / 4 / 2019 | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | | | | |
| 12 OFFICE | <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">OFFICE HELD (if any)</td> <td style="width:50%; border: none;"> 13 OFFICE SOUGHT (If known) Denton City Council District 3 </td> </tr> </table> | | | OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known) Denton City Council District 3 | | | | | | | | | | | | | | | | |
| OFFICE HELD (if any) | 13 OFFICE SOUGHT (If known) Denton City Council District 3 | | | | | | | | | | | | | | | | | | | | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Diana Leggett 15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

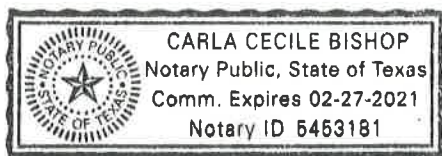
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

| | |
|-----------------------------------|--------------------------------------|
| COMMITTEE TYPE | COMMITTEE NAME |
| <input type="checkbox"/> GENERAL | |
| <input type="checkbox"/> SPECIFIC | |
| | COMMITTEE ADDRESS |
| | COMMITTEE CAMPAIGN TREASURER NAME |
| | COMMITTEE CAMPAIGN TREASURER ADDRESS |

☐ Additional Pages

| | | |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 335.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 4041.71 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 285.15 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 1500.36 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 4041.71 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Diana Leggett, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Carla Bishop Cecile Bishop Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME***Diana Leggett***20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

| | | |
|-----|---|------------|
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 4041.71 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 1500.36 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 3 |
| 2 FILER NAME Diana Leggett | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/16/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jane Cindric 6 Contributor address; City; State; Zip Code 9813 Edmondson Dr. Denton TX 76207 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) Retired |
| Date 3/1/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margo Ways Contributor address; City; State; Zip Code 8408 Sterling Dr. Denton TX 76207 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired |
| Date 3/25/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Gladden Contributor address; City; State; Zip Code 1200 W. University #100 Denton TX 76201 | Amount of contribution (\$) \$600.00 |
| Principal occupation / Job title (See Instructions) Attorney | | Employer (See Instructions) Self |
| Date 1/31/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Swan Contributor address; City; State; Zip Code 1413 Cambridge Ln. Denton TX 76209 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) Retired |
| | | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements. | | |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Diana Leggett

3 Filer ID (Ethics Commission Filers)

4 Date

3-4-19

5 Full name of contributor

Rahna Raney

☐ out-of-state PAC (ID#:

6 Contributor address; City; State; Zip Code

2316 Houston Place Denton TX 76201

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Real estate

9 Employer (See Instructions)

Self

Date

3-6-19

Full name of contributor

Royann Cox

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

1902 Williamsburg Row Denton TX 76209

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Administrative

Employer (See Instructions)

UNT

Date

3-1-19

Full name of contributor

James Michael Owen

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2007 Teasley Ln #109 Denton TX 76205

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Bus Operator

Employer (See Instructions)

TMDC

Date

3-25-19

Full name of contributor

Edward M. Moreno

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

2881 Spencer Rd #18108 Denton TX 76208

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

DCTA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Diana Leggett

3 Filer ID (Ethics Commission Filers)

4 Date

3-17-19

5 Full name of contributor

John Delaney

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1000.00

6 Contributor address;

City; State; Zip Code

309 Amarillo St Denton TX 76201

8 Principal occupation / Job title (See Instructions)

Restaurant

9 Employer (See Instructions)

Self

Date

3-7-19

Full name of contributor

Sandra Swan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1413 Cambridge Ln. Denton TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

Date

2-4-19

Full name of contributor

Committee to elect Diana Leggett county judge

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1206.71

Contributor address;

City; State; Zip Code

1019 Aileen St Denton TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | | | |
|--|--|---|--|---|--|
| 1 Total pages Schedule F1: 2 | | 2 FILER NAME Diana Leggett | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 3-15-19 | | 5 Payee name Vista Print | | | |
| 6 Amount (\$) \$184.55 | | 7 Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Printing expense | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 3-22-19 | | Payee name Vista Print | | | |
| Amount (\$) \$197.54 | | Payee address; City; State; Zip Code 95 Hayden Ave Lexington MA 02421 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Printing expense | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date 2-5-19 | | Payee name Texas Democratic Party | | | |
| Amount (\$) \$190.00 | | Payee address; City; State; Zip Code 1106 Lavaca St #100 Austin TX 78701 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) Solicitation / Fundraising | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

| | | | |
|---|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME <u>Diana Leggett</u> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <u>2-6-19</u> | 5 Payee name <u>Kitchen Table Consulting</u> | | |
| 6 Amount (\$) <u>\$ 226.13</u> | 7 Payee address; City; State; Zip Code <u>125 Marseille Dr Hurst TX 76054</u> | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) <u>Consulting expense</u> | | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |
| Date <u>3-14-19</u> | Payee name <u>Vista Print</u> | | |
| Amount (\$) <u>\$131.84</u> | Payee address; City; State; Zip Code <u>95 Hayden Ave Lexington MA 02421</u> | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <u>Printing expense</u> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense |
| | <div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div> | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED